



NEVADA DAY 2010 – VENDOR CONTRACT

Saturday, October 30, 2010



Applicant Name: _____ Day Phone: _____

Business/Organization Name: _____ Eve Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Please describe your item(s) in detail. If you sell more than one item, please list in order of preference:

TERMS OF CONTRACT: This form must be received by **October 8, 2010**. Full payment is due with return of this form. There are no refunds. We reserve the right to assign booth spaces according to a master plan. Vendors are not permitted to relocate their booths or sell outside of their assigned area. Subletting is prohibited. There will be **NO** mobile sales (carts, trays, etc.) All food vendors must obtain a **Health Permit from the Carson City Health Department** at 900 E. Long Street, Carson City, NV (775-887-2190). All food vendors must have a **2A-20BC rated Fire Extinguisher** on site. We will supply Nevada Sales Tax forms; they **MUST** be returned to Lori Urbani at the conclusion of the event. All licenses and permits must be with you at your location on Nevada Day Inc.

- Only those items stated and approved in this application will be allowed to be sold. Prices must be posted in a legible manner. Booths must be properly manned at all times.
- **NO** liquor, beer, or wine sales are permitted.
- Proof of **Liability Insurance** naming Carson City as the insured, must be provided. Applications will not be processed without a copy included in the application.
- This event will be held outdoors on pavement. Vendors must be completely self-contained. Power, lights, water and garbage services are **NOT** included. No generators are permitted.
- Vendors will receive timely confirmation via phone, fax, e-mail, or postcard that your application was received and that you are accepted. Notice of booth placement and set-up times will be sent approximately 1 week to 10 days before the event.

Violators of any of the above regulations or of any permit requirements will be asked to immediately cease selling and to leave the area. There will be no exceptions to this stipulation.

Signed: _____ Date: _____

Vendor Fees: **\$125.00 – Commercial Business**
 \$ 75.00 – Non-Profit Organization **Total Enclosed:** _____

Make check or Money Order Payable to: **Nevada Day, Inc.**

Please return form with full payment to: Nevada Day, Inc., P. O. Box 999, Carson City, NV 89702